

## Internship Specification

**SECTION 1 & II TO BE COMPLETED BY STUDENT, III & IV TO BE COMPLETED BY LECTURER**

### I. Particulars of Student

Student Name : \_\_\_\_\_ Student Number: 

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Email : \_\_\_\_\_ Contact No.: \_\_\_\_\_

Programme Title : \_\_\_\_\_

Programme Code							Stream Code				Stage	
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Subject : \_\_\_\_\_

Subject Code	C	C	N				
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### II. Internship Information (Please attach Internship Agreement/ Work Plan if applicable)

Internship Arrangement/ Information	: WIE / _____ / _____
Name of Workplace Supervisor:	_____ Position: _____
Email:	_____ Contact Number: _____

### III. Intended Learning Outcomes

<input type="checkbox"/>	Understand the organisational settings, workflows, procedures and best practices in the industry.
<input type="checkbox"/>	Identify their strengths and weaknesses in a workplace environment.
<input type="checkbox"/>	Apply the theories and concept learnt from their programme of studies into real-world setting.
<input type="checkbox"/>	Develop professional knowledge and practical skills required in a workplace for their study areas.
<input type="checkbox"/>	Develop attributes for all-roundedness including independent thinking, appropriate attitudes, sense of commitment and interpersonal communication skills in workplaces.

### IV. Assessment Criteria (\*Please tick where appropriate)

1.	Satisfactory completion of instruments demonstrating the attainment of intended learning outcomes: <input type="checkbox"/> Self Reflective Journal <input type="checkbox"/> Report, please specify: _____ <input type="checkbox"/> Others, please specify: _____
2.	<input type="checkbox"/> Regular meeting with Lecturer
3.	<input type="checkbox"/> Satisfactory evaluation from workplace supervisor
4.	<input type="checkbox"/> Others, please specify: _____

Confirmed and agreed by	
Student's Name:	_____
Signature:	_____
Date:	_____

Lecturer	
Name:	_____
Signature:	_____
Date:	_____

**Endorsed by Subject Leader/ Coordinator**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Assessment Result

**TO BE COMPLETED BY SUBJECT LECTURER**

Lecturer			
1.	Yes	/	No
2.	Yes	/	No
3.	Yes	/	No
4.	Yes	/	No
<b>Final Grade</b>	<b>Pass</b>	<b>/</b>	<b>Fail</b>

Confirmed by Lecturer	
Signature:	
Date:	
Endorsed by Subject Leader/ Coordinator	
Signature:	
Date:	

**Remarks (if any):**